

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

| | | | | | | | | | | |
|--|-----------------------|---|-----------------|---|---|----|---|---|---|---|
| 1 Date of Request: <u>7-7-05</u> | | 2 Serial/Patent # <u>10/519149</u> | | | | | | | | |
| 3 Please refund the following fee(s): | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT | | | | | | | |
| <input checked="" type="checkbox"/> Filing | | | \$ 50 | | | | | | | |
| <input type="checkbox"/> Amendment | | | \$ | | | | | | | |
| <input type="checkbox"/> Extension of Time | | | \$ | | | | | | | |
| <input type="checkbox"/> Notice of Appeal/Appeal | | | \$ | | | | | | | |
| <input type="checkbox"/> Petition | | | \$ | | | | | | | |
| <input type="checkbox"/> Issue | | | \$ | | | | | | | |
| <input type="checkbox"/> Cert of Correction/Terminal Disc. | | | \$ | | | | | | | |
| <input type="checkbox"/> Maintenance | | | \$ | | | | | | | |
| <input type="checkbox"/> Assignment | | | \$ | | | | | | | |
| <input type="checkbox"/> Other | | | \$ | | | | | | | |
| | | 7 TOTAL AMOUNT OF REFUND | | | | | | | | |
| | | \$ 50 | | | | | | | | |
| 8 TO BE REFUNDED BY: | | | | | | | | | | |
| 10 REASON: | | <input type="checkbox"/> Treasury Check | | | | | | | | |
| <input checked="" type="checkbox"/> Overpayment | | <input checked="" type="checkbox"/> Credit Deposit A/C #: | | | | | | | | |
| <input type="checkbox"/> Duplicate Payment | | 9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">5</td> <td style="width: 20px; text-align: center;">--</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">/</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">0</td> </tr> </table> | | 2 | 5 | -- | 0 | / | 2 | 0 |
| 2 | 5 | -- | 0 | / | 2 | 0 | | | | |
| <input type="checkbox"/> No Fee Due (Explanation): | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 11 REFUND REQUESTED BY: | | | | | | | | | | |
| TYPED/PRINTED NAME: <u>John Anderson</u> | | TITLE: <u>Paralegal Specialist</u> | | | | | | | | |
| SIGNATURE: <u>John Anderson</u> | | PHONE: <u>305-9140 ext 211</u> | | | | | | | | |
| OFFICE: <u>PCT - DO/EO</u> | | | | | | | | | | |
| ***** | | | | | | | | | | |
| THIS SPACE RESERVED FOR FINANCE USE ONLY: | | | | | | | | | | |
| APPROVED: _____ | | DATE: _____ | | | | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: